

TENNESSEE BOARD OF CHIROPRACTIC EXAMINERS
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TN 37243

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APPLICATION FOR CHIROPRACTIC PRECEPTOR PROGRAM

Name of Intern: _____ Phone Number: _____

Address of Intern: _____

Social Security Number: _____ Date of Birth: _____

Intern Email Address: _____ Dates of Preceptorship: _____

CCE Accredited College Attended: _____

Authority at Sponsoring Chiropractic College:

Printed Name

Signature

Name of Preceptor: _____ Phone Number: _____

Address of Preceptor: _____

Preceptor Email Address: _____ License Number: _____

Preceptor's Signature

Intern's Signature

List of Alternate Preceptors:

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

License #: _____

License #: _____

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

License #: _____

License #: _____

FOR BOARD USE ONLY:

Approval Date

STATE SEAL

Authorized Signature & Title